

# Forest Practices Application/Notification Office Checklist Page 1 Northwest Region

FPA/N#:	2815981
Received Date:	8-10-17
WDFW Concurrence Due Date:	
WDFW Concurrence Review Completed:	
Comments Due Date:	8-24-17
Decision Due Date:	9-9-17

FP Forester: 5/430
Shutdown Zone:

RMAP #:

FPA/N CLASSIFICATION: []II XIII []IVG []IVS	Biomass [ ] FFFPP [ ] 20-acre exempt [ ]					
Landowner Name:	Project Center 24 Sprzy  WAU: Kykonick River					
WRIA: Snohomasko	WAU: Kykomisk River					
WRIA:	WAU:					
WRIA:	WAU:					
Legal Description: 23, 24-27-8E	County: Suchomish					
Activity Type: Harvestac Spr	ay 156 ac Crossing(s)					
Road Roa	d Rock Pitac					
Constructionft Aba	ndonmentft Spoilscy					
ALTERNATIVE PRESCRIPTIONS	5					
] Alternate Plan	[ ] Habitat Conservation Plan					
] Ten-Year Forest Management Plan	[ ] Landowner Option Plan for Northern Spotted Owl					
Olumbia River Gorge National Scenic Area	[ ] Cooperative Habitat Enhancement Agreement					
] Watershed Analysis:	- 1					
RESOURCE REVIEW						
[ ] Unstable Slopes (Risk: Highway, Water;)         [ ] Soils Map (Highly Erodible & Very Unstable)         [ ] SLPSTAB         [ ] Landslide Hazard Zonation         [ ] Landslide Inventory Polygon [ ] Rain-on-Snow and Outside Approved WA [ ] Hydric Soils         [ ] Wetland [ ] Forested, [ ] A, [ ] B [ ] In WMZ of [ ] A, or [ ] B Wetland [ ] In RMZ/ELZ of Type [ ] S, [ ] F, [ ] N water [ ] Water Verification  ASSOCIATED NON-SCANNED DOCUMENTS – On file with	[ ] Bull Trout Overlay [ ] HCP Bull Trout Population [ ] Bald Eagle nest or roost within 660 feet [ ] Group A or B Water Supply [ ] Hatchery (Name:) [ ] Even-Aged Harvest greater than 120 Acres [ ] Ground-based Equipment on Slopes greater than 40% [ ] Road Construction on Slopes greater than 65% [ ] Saltwater Islands (Name:) [ ] In or Over Typed Water [ ] Volume greater than 5 mbf per acre in the FPA/N at the Region office.					
SEPA Checklist/Documents	[ ] Large Landowner Road Maintenance and Abandonment Plan					
ASSOCIATED SCANNED DOCUMENTS						
Conversion Option Harvest Plan   FPHP Plans & Specifications   Qualified Expert Report; Type:   Natural Regeneration Plan   Shoreline Permit   Marbled Murrelet Form   FPBM Appendix(s)   Small Landowner RMAP Checklist	[ ] Hardwood Conversion Form [ ] Wetland Mitigation Plan [ ] Water Protocol Surveys [ ] Modification Form# [ ] Water Classification Worksheet [ ] Shade Documentation (Stream Shade Assessment Worksheet) [ ] Watershed Analysis Worksheet [ ] DFC Printout					

EARR Tax Credit [ ] Yes No ADDITIONAL COMMENTS:

Form completed by

## KEY FOR EVALUATION OF SITE SPECIFIC USE OF AERIALLY APPLIED PESTICIDES

Question	Question	Resp	Action
1 (a)	Is the pesticide on the pesticide list (WAC 222-16-070(1))?	Y05	go to 2
		No	go to I(b)
l (b)	Is the pesticide being used under a Dept of Agriculture Experimental Use	Yes	Class III
	Permit (WAC 16-228-1460)?	No	Class IV Sp
2	Is the toxicity rating for the pesticide to be used "Danger - Poison" as	Yes	Class IV Sp
	designated in the pesticide list (WAC 222-16-070(1)(b))?	11/0	go to 3(a)
3 (a)	Is Bacillus thuringiensis (BT) the only pesticide being used on this application?	Yes	go to 3(b)
		No	go to 4(a)
3 (b)	Is there a Threatened or Endangered species or the critical habitat (Federal) or	Yes	Class IV Sp
b	critical habitat (State) of a species within the application area that is susceptible to the BT strain being used?	No	Class III
4 (a)	Is this operation occurring over ground water with a high susceptibility to	Yes	ga to 4(b)
	contamination as specified in EPA 910/ 9-87-169 or in documentation provided by the department of ecology?	246	go to 5(a)
4 (b)	Is this pesticide a state restricted use pesticide for the protection of ground	Yes	Class IV Sp
. (-)	water under WAC 16-228-1231?	No	go to 5(a)
5 (a)	Is the operation adjacent (within 100 ft.) of surface water?	Yes'	go to 5(b)
		No	go to 5(e)
5 (b)	Determine the toxicity rating from the pesticide list:		
	*Is the toxicity rating "Caution" or "Warning"?	Yes	go to 5(c)
	*Is the toxicity rating "Danger"?	Yes	go to 5(d)
5 (c)	Is there a Group A or B water surface water system (WAC 246-290-020) intake	Yes	Class IV Sp
	OR a fish hatchery intake within one half mile downstream of the operation?	(OV)	go to 5(¢)
5 (d)	Is there a Group A or B water surface system intake OR a fish hatchery intake	Yes	Class IV Sp
	within 1 mile downstream of the operation?	No	go to 5(e)
5 (e)	Is the operation within 200 feet of the intake of a Group A or B spring water	Yes	Class IV Sp
	system?	460	go to 5(f)
5 (f)	Is the operation applying a pesticide in a Type A or B wetland?	Yes	Class IV Sp
		Xo >	go to 6(a)
6 (a)	Does any portion of the planned operation cover 240 or more contiguous acres?	Yes	Class IV Sp
	Pesticide treatment units will be considered contiguous if they are separated by	<b>X</b> 6	go to 6(b)
<u> </u>	less than 300 feet or treatment dates of adjacent units are less than 90 days apart.		
6 (b)	Is there a Threatened or Endangered species or the critical habitat (Federal) or	Yes	Class IV Sp.
	critical habitat (State) of a species within the application area?	(NO)	go to 6(c)
6 (c)	If there is a special concern identified for this pesticide in the Board manual,	Yes	Class IV Sp
	does it apply to this application?	0%	Class III

(1) Special concerns (see WAC 222-16-070 (2)6(c)) shall be evaluated by the department of agriculture. Information regarding special concerns shall be presented to the board for review. Approved special concerns shall be included in the board manual. Special concerns shall include situations where use of pesticides has the potential for a substantial impact on the environment, beyond those covered specifically in the key in subsection (2) of this section.

### Center 24



# Forest Practices Application/Notification For Aerial Chemicals

For DNR F	For DNR Region Office Use Only						
FPA/N#:	2815987						
Region:	NW						
Received Date:	8-10-2017						

#### USE THE INSTRUCTIONS TO COMPLETE THIS APPLICATION. TYPE OR PRINT IN INK:

1.	Landowner,	Timber Owner,	, and Operator
----	------------	---------------	----------------

Legal Name of LANDOWNER	Legal Name of TIMBER OWNER	Legal Name of OPERATOR
Sierra Pacific Industries	Sierra Pacific Industries	Sierra Pacific Industries
Mailing Address:	Mailing Address:	Mailing Address:
14353 McFarland Road	14353 McFarland Road	14353 McFarland Road
City, State, Zip	City, State, Zip	City, State, Zip
Mt. Vernon, WA 98273	Mt. Vernon, WA 98273	Mt. Vernon, WA 98273
Phone (360) 424-7619	Phone ( 360 ) 424-7619	Phone (360) 424-7619
Email:	Email:	Email:

2. Contact person.	
Contact Person:	Phone ( 360 ) 424-7619
Doug Sand	
	Email:

3. Are you substituting prescriptions from an approved state or federal conservation agreement or watershed analysis?

No. Yes. Write "Using prescriptions" in tables that apply. Attach or reference prescriptions/crosswalk on file.

4. Complete the following property description:

Unit Number	Acres	Section	Township	Range	East/West	County
1	156	23, 24	27	8	East	Snohomish
			_			
					REC	IVED NW REGION
				_	<u> </u>	AUG 1 0 2017

5. Chemical Information - Show all buffers on your Activity Map\*\*

			I														
Conifer	Release (Anticipated year)	2017	2017	2017	2017	2017	ļ										
Spring	Release (Anticipated year)																
Site Prep	year)								1								
	100 feet of surface water?	Yes	Yes	Yes	Yes	Yes											
Are you spraying within:	200 feet of a residence?	No	No	No	No	No							i				
Are you	100 feet of 2 agricultural land?	No	S.	No	No	No											
*List associated EPA		81927-8	62719-324	34704-04008	AW 2935-00004	2935-11001											
*Active Ingredient		glyphosate	glyphosate	Non-Ionic Surfactant	Mod Veg Oil/Silicone Surfactant	Modified Vegetable Oil Drift Control											
Acres		156	156	156	156	156											
r (Must	Match map )	-	1	-	1	-		i								4	

\*Most active ingredients are sold under multiple brand names. Each brand has a different EPA number. One brand of each active ingredient is generally used at a time and brands may be substituted if listed above.
\*\*Additional information may be added on separate pages as needed

9

6.	Is	this prop	osal: ( <i>An</i>	swer every question)
	a.	⊠ No.	Yes.	Within the city limits or an urban growth area? If Yes, include SEPA Environmental Checklist or SEPA Determination or approved 10-year management plan
	b.	⊠ No.	Yes.	Within a public park? If Yes, include SEPA Environmental Checklist or SEPA Determination
	c.	⊠ No.	Yes.	Within 500 feet of a public park? Park name:
	d.	⊠ No.	Yes.	For an Alternate Plan? If yes, include a copy of the Alternate Plan
	e.	⊠ No.	Yes.	Using a chemical that is not registered or for a use that is not allowed under the label? If yes, include a copy of your Experimental Use Permit and a SEPA Environmental Checklist
	f.	⊠ No.	Yes.	Applying a pesticide in a Type A or Type B Wetland? If Yes, include a SEPA Environmental Checklist or SEPA Determination
7.		re you sp ]No.	raying 24 Yes.	O or more contiguous acres? If Yes, include a SEPA Environmental Checklist.
8.				his forest practices activity area to determine whether it may involve historic sites and/or ural resources? Read the instructions before answering this question.
9.	Ad	ditional l	nformatio	on (Attach additional pages if necessary):

Page 3

#### 10. We acknowledge the following:

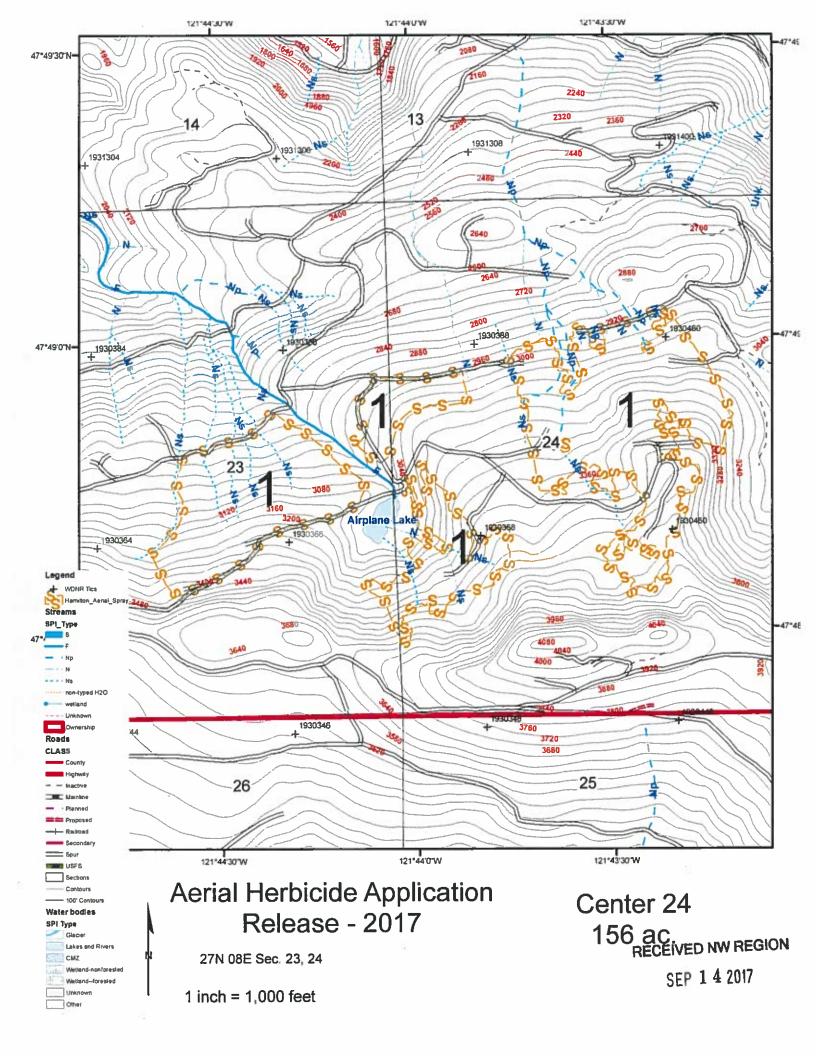
- The information on this application/notification is true.
- · We understand this proposed forest practice is subject to:
  - The Forest Practices Act and Rules AND
  - All other federal, state or local regulations.
- Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.
- The following may result in an unauthorized incidental take of certain endangered or threatened fish species:
  - Inadvertent Discovery Chapters 27.44, 27.53, 68.50 and 68.60 RCW
  - If you find or suspect you have found an archaeological object or Native American cairn, grave, or glyptic record, immediately cease disturbance activity, protect the area and promptly contact the Department of Archaeology and Historic Preservation at 360 586-3077.
  - o If you find or suspect you have found human skeletal remains, immediately cease disturbance activity, protect the area, and contact the County Coroner or Medical Examiner and local law enforcement as soon as possible. Failure to report human remains is a misdemeanor.

We understand that applying chemicals is not an activity included as part of the DNR's Incidental Take Permit for aquatic species. We affirm that the information contained herein is true, and understand that this proposed forest practice is subject to the Forest Practices Act and Rules as well as all other federal, state or local regulations. Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.

The landowner understands that by signing and submitting this FPA, he/she is authorizing the Department of Natural Resources to enter the property in order to review the proposal, inspect harvest operations, and monitor compliance for up to three years after its expiration date. RCW 76.09.150

Signature of LANDOWNER	Signature of TIMBER OWNER (If different than landowner)	Signature of OPERATOR (If different than landowner)				
Douglas Sauls						
Print Name: Douglas J. Sand Jr.	Print Name:	Print Name:				
<u>Date:</u> 8-10-17	<u>Date:</u>	Date:				

Aerial chemical revised 02-09-2017 Page 4





FPA/N No:	2815987						
Effective Date:	9/6/2017						
Expiration Date:	9/6/2020						
Shut Down Zone:							
EARR Tax Credit:	[ ] Eligible	[x] Non-eligible					
Reference:	Center 24 spray						

				Expiration Date.	
		Application/N of Decis		Shut Down Zone: EARR Tax Credit: Reference:	[ ] Eligible [x] Non-eligible Center 24 spray
Decision [ ] Notificati [x] Approved [ ] Disappro [ ] Closed  FPA/N Class [ ] Class II	d This ved This Appl	Forest Practices	Application is disa	ject to the conditions approved for the reaso Number of Years	
Notify the Dep Calt (360) 856 legal description FOR YOUR IN Aerial chemical days prior to tr	artment of Nati-3500 for Fore on of your ope IFORMATION all application areatment. Pos	est Practices and the ration.  :  treas need to be positing shall remain a	least 48 business ho e Skykomish Forest osted by the landowr	Practice Forester and p	perations of each unit to be sprayed, provide the application number and ant points of regular access at least 5
Please provide	ONR Northwese the application	et Region Office (36 on number and lega	al description for you	r operation.	mencing timber harvest operations.  d and surrounding area is not part of
Issued By:	Skuko	Steven Hu		Region:	0/6/2047
Copies to: Issued in person:	[≯] Landow	ner, Timber Owns	•	y:	

#### **Appeal Information**

You have thirty (30) days to appeal this Decision and any related State Environmental Policy Act determinations to the Pollution Control Hearings Board in writing at the following addresses:

Physical address: 1111 Israel Rd. SW, Ste 301, Tumwater, WA 98501

Mailing address: P.O. BOX 40903, OLYMPIA, WA 98504-0903

Information regarding the Pollution Control Hearings Board can be found at: http://www.eluho.wa.gov/

At the same time you file an appeal with the Pollution Control Hearings Board, also send a copy of the appeal to the Department of Natural Resources' region office and the Office of the Attorney General at the following addresses:

Office of the Attorney General Natural Resources Division 1125 Washington Street SE PO Box 40100 Olympia, WA 98504-0100

And

Department Of Natural Resources
Northwest Region

919 N Township St
Sedro-Woolley WA 98284

#### Other Applicable Laws

Operating as described in this application/notification does not ensure compliance with the Endangered Species Act, or other federal, state, or local laws.

#### Transfer of Forest Practices Application/Notification (WAC 222-20-010)

Use the "Notice of Transfer of Approved Forest Practices Application/Notification" form. This form is available at region offices and on the Forest Practices website: <a href="http://www.dnr.wa.gov/businesspermits/forestpractices">http://www.dnr.wa.gov/businesspermits/forestpractices</a>. Notify DNR of new Operators within 48 hours.

#### Continuing Forest Land Obligations (RCW 76.09.060, RCW 76.09.070, RCW 76.09.390, and WAC 222-20-055)

Obligations include reforestation, road maintenance and abandonment plans, conversions of forest land to non-forestry use and/or harvest strategies on perennial non-fish habitat (Type Np) waters in Eastern Washington.

Before the sale or transfer of land or perpetual timber rights subject to continuing forest land obligations, the seller must notify the buyer of such an obligation on a form titled "Notice of Continuing Forest Land Obligation". The seller and buyer must both sign the "Notice of Continuing Forest Land Obligation" form and send it to the DNR Region Office for retention. This form is available at DNR region offices.

If the seller fails to notify the buyer about the continuing forest land obligation, the seller must pay the buyer's costs related to continuing forest land obligations, including all legal costs and reasonable attorneys' fees incurred by the buyer in enforcing the continuing forest land obligation against the seller.

Failure by the seller to send the required notice to the DNR at the time of sale will be prima facie evidence in an action by the buyer against the seller for costs related to the continuing forest land obligation prior to sale.

#### DNR affidavit of mailing:

On this day_	9/7/2017	, I placed in the United States mail at _	Sedro-Woolley	, WA,
	(date)		(post office location)	
postage paid,	a true and accura	te copy of this document. Notice of Decision	on FPA #2815987	
	L Utgard	To literare	<u> </u>	
(Printed	d name)	(Signature)		

### Revisions to FPA/N \_\_2815987\_

DATE	DOCUMENT	DESCRIPTION
9/14/2017	Map	Replaced map
	-	
0		
	1	



DATE	DOCUMENT	DESCRIPTION
9/14/2017	Map	Replaced map
		· · · · · · · · · · · · · · · · · · ·
10-9-17	hanger Form	changed operation
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•		
10238		
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		A
-		

# Center 24 washington state department of Natural Resources

RECEIVED

OCT 0 6 2017

NW REGION

# Forest Practices Application/Notification NOTICE OF TRANSFER

I/we transfer my/our rights, privileges, and obligations under this approved Forest Practices Application or Notification. I/we affirm that the information contained below is true and agree to comply with the rules authorized by the Forest Practices Act and to be bound by all conditions on the approved application or notification.

FPA/N Number:	2815987	Section(s):	23,24	Township: <u>27</u>	7 Range:8
Original Landowner	· (Signature):	while	Samo.	1/2	
Original Landowner		Douglas J. Sa		Date:	09/13/2017
	Operator – Fill out this s	ection <u>only</u> if you			rator
Legal Name of New (	Operator: (Print)		Mailing Add	ress:	
Wilbur-Ellis Agrib	P.O. Box				
Phone: (360) 262-3	3197		Napavine	, WA 98565	
Email:	11		attn: Core	y Fransen	
New Operator Signa	ature: Rich	20		Date	e: 9/18/17
100,000					
	wner – Fill out this section	on <u>only</u> if you are			landowner
Legal Name of New L	_andowner: (Print)		Mailing Add	ress:	
Phone:	· · · · · · · · · · · · · · · · · · ·				
Email:					
-	ınature:			Date	e:
Email: New Landowner Sig	nature:			Date	e:
New Landowner Sig	nature: mber Owner – Fill out th	nis section <u>only</u> if	you are trans		
New Landowner Sig	mber Owner – Fill out th	nis section <u>only</u> if	you are trans Mailing Add	sferring your timber	
New Landowner Sig	mber Owner – Fill out th	nis section <u>only</u> if		sferring your timber	
New Landowner Sig	mber Owner – Fill out th	nis section <u>only</u> if		sferring your timber	
New Landowner Sig  New Ti  Legal Name of Timbe  Phone:	mber Owner – Fill out th	nis section <u>only</u> if		sferring your timber	
New Landowner Sig  New Ti Legal Name of Timbe  Phone: Email:	mber Owner – Fill out th		Mailing Add	sferring your timber ress:	rights
New Landowner Sig  New Ti Legal Name of Timbe  Phone: Email:	mber Owner – Fill out ther Owner: (Print)		Mailing Add	sferring your timber ress:	rights
New Landowner Sig  New Ti Legal Name of Timber  Phone: Email: Forest Tax Reporting	mber Owner – Fill out the Owner: (Print)  Account Number: (Cont		Mailing Add	sferring your timber ress:	rights 48-8829)
New Landowner Sig  New Ti Legal Name of Timbe  Phone: Email:	mber Owner – Fill out the Owner: (Print)  Account Number: (Cont		Mailing Add	sferring your timber ress: s number: 1-800-5	rights 48-8829)
New Landowner Sig  New Ti Legal Name of Timber  Phone: Email: Forest Tax Reporting	mber Owner – Fill out the Owner: (Print)  Account Number: (Cont		Mailing Add	sferring your timber ress: s number: 1-800-5	rights 48-8829)
New Landowner Sig  New Ti Legal Name of Timber  Phone: Email: Forest Tax Reporting	mber Owner – Fill out the Owner: (Print)  Account Number: (Cont		Mailing Add	sferring your timber ress: s number: 1-800-5	48-8829) e: